Department of Health
Early Intervention Services

Performance Report

Performance Period January 2006-March 2006

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from January through March 2006.

Data are presented in six performance areas:

- *Enrollment:* Data are provided on the number of children who were served, by island and statewide.

- *Service Gaps:* Data include the number of Part C eligible infants and toddlers who experienced service gaps, by island and statewide.

- *Personnel:* Information on personnel, by island and statewide, is collected to ensure there are sufficient personnel to serve the eligible population. Personnel data for EIS are divided by roles: social work, direct service, and central administration. Caseload data include the number and percentage of social workers that have non-weighted caseloads of no more than 1:35. Personnel data for Healthy Start staff (central administration positions) are provided.

- *Training Opportunities:* Training data include the number of early intervention (EI) staff, families, and other community providers (including Department of Education preschool special education teachers, community preschool staff, etc.) who participated in training activities. Information includes trainings provided or supported by EIS and Healthy Start.

- *Quality Assurance:* Information on quality assurance activities for EIS and Healthy Start are provided.

- *Funding:* Data on appropriations, allocations, and expenditures are provided.

Strengths and challenges to the early intervention system for January through March 2006 are summarized.

Enrollment

Early Intervention Section

Monthly Enrollment

Monthly enrollment data for infants and toddlers served by EIS from January through March 2006 are shown in Table 1.

Table 1. EIS Monthly Enrollment Data

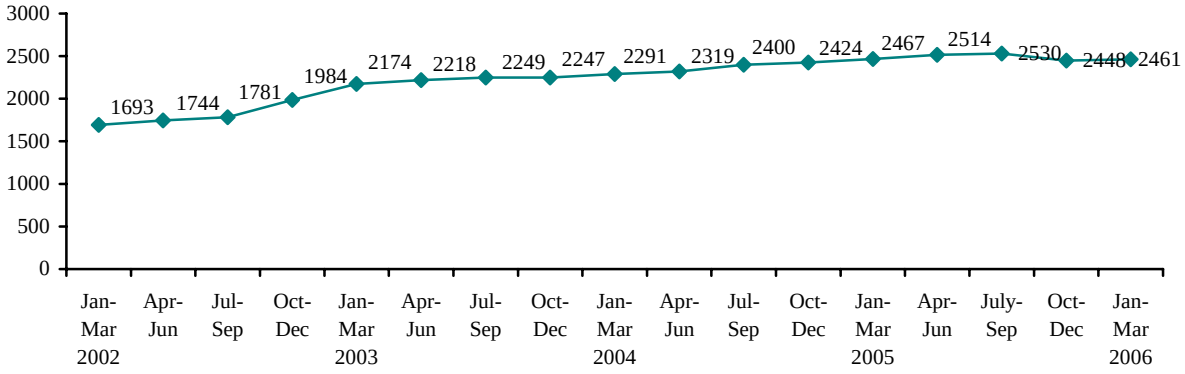
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
January 2006	2470	1748	270	276	142	25	9
February 2006	2428	1742	262	257	133	25	9
March 2006	2486	1762	278	270	138	27	11

Note: Enrollment information includes children provided care coordination by EIS (including Early Childhood Services Programs [ECSP]), Purchase of Service programs (POSP), Public Health Nurses (PHN), and Healthy Start.

Quarterly Enrollment

The quarterly enrollments (average monthly enrollment for the quarter) since January 2002 are shown in Graph 1. Compared to the October-December 2005 quarter, the average enrollment for the January-March 2006 quarter averaged 2461, slightly higher than the previous quarterly average of 2448. Over the past year, from January-March 2005 to January-March 2006, enrollment has increased 1.5% statewide.

Graph 1. EIS Quarterly Enrollment from Jan 2002 to December 2005



Child Find

While a goal of EIS is to share information regarding early intervention services to the community, due to the Public Awareness position vacancy, EIS was unable to participate in public awareness activities this quarter. Activities will be implemented on a regular basis when the position is filled. Trainings to community preschool teachers, day care providers and other community providers continue to expand both the awareness and knowledge of early intervention services and the referral process to community providers (see section on Training Opportunities).

The EIS website, which was launched in May 2004, continues to expand awareness of Hawaii's early intervention program not only to Hawaii residents, but nationwide. The

website has an automatic link to the H-KISS referral form to simplify referrals. The website continues to be expanded to provide other relevant information.

EIS continues to meet regularly with the Department of Human Services (DHS) Child Welfare Section supervisors to discuss and collaborate on the required referral of infants and toddlers with confirmed child abuse and neglect to H-KISS.

Healthy Start

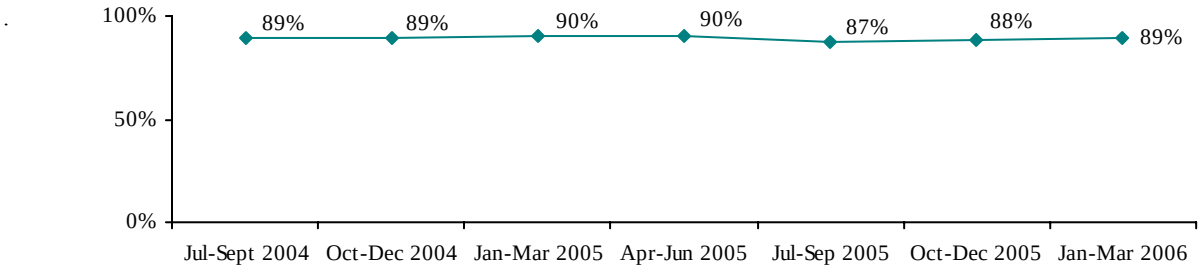
Birth rates in Hawaii for January to March 2006 are as follows:

Month	Births
January	1,214
February	1,133
March	1,254

Screen, Assessment, and Accepted Referral Rates

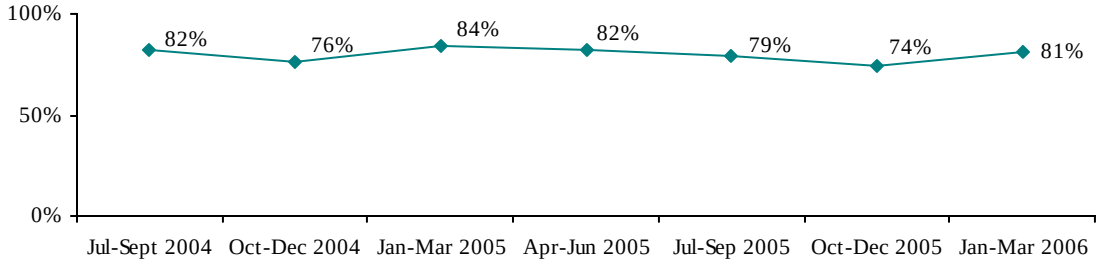
Screen rate: The quarterly early identification (EID) screen rate (Graph 2) has been relatively stable over the past 21 months, and appears to be regaining its previous rate of 89 – 90%.

Graph 2. Oahu EID Quarterly Screen Rate July 2004 through March 2006.



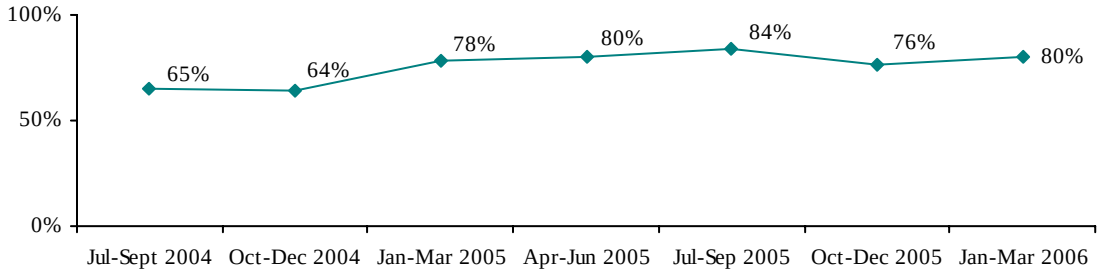
Assessment rate: The quarterly EID assessment rate (Graph 3) has also been relatively stable over the past 21 months. The EID contract transitioned to a new POSP during this quarter and the provider has been able to maintain identification rates of previous quarters. The new provider has also been proactive in partnering with other community resources to identify families pre-natally and this will be an on-going focus for future quarters.

Graph 3. Oahu EID Quarterly Assessment Rate July 2004 through March 2006.



Referral rate: The quarterly EID referral rate (Graph 4) has improved over the past year, rising from 78% during the January-March 2005 quarter to 80% this quarter. Again, with the new statewide POSP starting this quarter, the transition which included some adjustments in census tracts may cause some fluctuation in referral rates.

Graph 4. Oahu EID Quarterly Referral Rate July 2004 through March 2006.



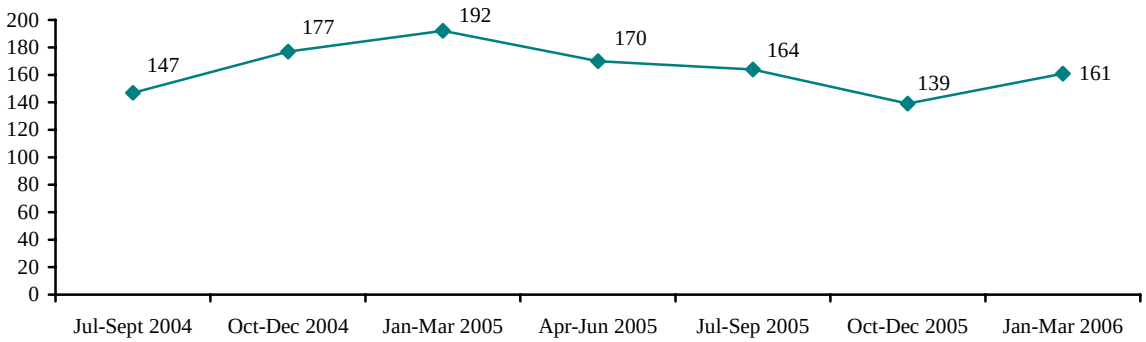
New Enrollment

A total of 482 infants were newly enrolled in home visiting services during this quarter (Table 2), an increase of 66 from the previous quarter. Factors contributing to fluctuation in enrollment include varying number of births, varying number of positive screens/assessments, voluntary nature of acceptance of referrals to home visiting services, staff turnover, and protocols for addressing barriers to acceptance. The average monthly new enrollment statewide for this quarter is 161 (Graph 5), an increase of 22 from last quarter.

Table 2. Healthy Start New Enrollment Data from January to March 2006

Month	New Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/ Lanai	Kauai	Molokai
January	152	108	14	14	13	3	0
February	151	113	15	5	12	6	0
March	179	144	9	7	11	8	0

Graph 5. Healthy Start New Monthly Enrollment from July 2004 to March 2006



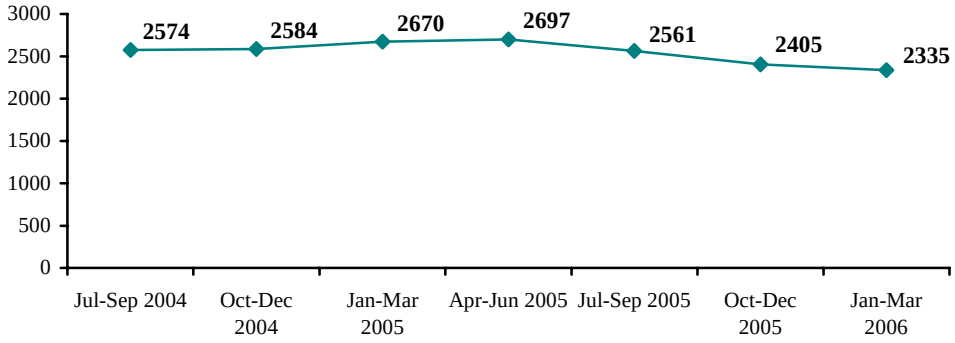
Active Enrollment

The monthly active enrollment (children remaining in home visiting services) is shown in Table 3. The average monthly enrollment per quarter (Graph 6) decreased by 70 children (2.9%) from the second quarter (October to December 2005). The average active monthly enrollment statewide for this quarter is 2,335.

Table 3. Healthy Start Monthly Active Enrollment for January to March 2006

Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/ Lanai	Kauai	Molokai
January	2,307	1,575	206	151	217	109	49
February	2,326	1,590	211	158	205	113	49
March	2,373	1,645	207	153	203	117	48

Graph 6. Healthy Start Average Quarterly Enrollment from July 2004 to March 2006.



Service Gaps

The tables below provide information on service gaps for EIS, PHNB, and Healthy Start providers for January-March 2006. Service gaps are divided into two types: full service gaps where no services were provided to the child, and partial service gaps where alternative services were provided. For children receiving multiple services, when a specific therapist is not available, there is generally a partial service gap, since another therapist, using a transdisciplinary format, will provide services. If the child requires

only 1 service (e.g., speech therapy) and a therapist is unavailable to provide direct services, there will be a full service gap. When this occurs, the care coordinator typically will provide information on activities that the family can use with their child to support his/her development until a provider is available.

Full Service Gaps

The total number of monthly full service gaps decreased from 57 full gaps last quarter to 42 full gaps this quarter, affecting 41 children (unduplicated monthly count) as one child had multiple gaps. A total of 34 children (unduplicated quarterly count) had at least one gap over the quarter. (Table 4)

Table 4. Full Service Gaps by Month

Service Gap		January	February	March	Total
Occupational Therapy			1 (Oahu)		**1**
Physical Therapy		5 (Maui)	3 (Maui)	4 (Oahu) 1 (Maui)	**13**
Speech Therapy		16 (Oahu) 1 (Maui)	4 (Oahu)	4 (Oahu)	**25**
Special Instruction		1 (Maui)	1 (Oahu) 1 (Maui)		**3**
Total Number of Full Gaps					**42**
Total Number of Monthly Full Gaps	Oahu	16	6	8	30
	Maui	7	4	1	12
	Hawaii	0	0	0	0
	Kauai	0	0	0	0
	Total	**23**	**10**	**9**	**42**
Total Number of Children *(unduplicated by month)*	Oahu	16	6	8	**30**
	Maui	6	4	1	**11**
	Hawaii	0	0	0	0
	Kauai	0	0	0	0
	Total	**22**	**10**	**9**	**41**
Total Number of Children *(unduplicated by quarter)*	Oahu				26
	Maui				8
	Hawaii				0
	Kauai				0
	Total				**34**

Partial Service Gaps

The total number of monthly partial service gaps (Table 5) increased from 196 partial gaps last quarter to 213 this quarter, affecting 205 children (unduplicated monthly count) as some children experienced multiple gaps. One hundred twenty-eight (128) children experienced at least one gap during the quarter, an increase from the 115 children from last quarter.

Table 5. Partial Service Gaps by Month

Service Gap		January	February	March	Total
Occupational Therapy		3 (Oahu) 15 (Maui)	4 (Oahu) 10 (Maui)	1 (Oahu) 9 (Maui)	**42**
Physical Therapy		9 (Oahu) 8 (Maui) 2 (Hawaii)	8 (Oahu) 10 (Maui) 1 (Hawaii)	5 (Oahu) 10 (Maui) 1 (Hawaii)	**54**
Special Instruction		5 (Oahu)	5 (Oahu)	3 (Oahu)	**13**
Speech Therapy		30 (Oahu) 7 (Maui)	33 (Oahu) 5 (Maui)	27 (Oahu)	**102**
Vision Services		1 (Oahu)	1 (Oahu)	0	**2**
Total Number of Partial Gaps					**213**
Total Number of Partial Gaps	Oahu	48	51	36	**135**
	Maui	30	25	19	**74**
	Hawaii	2	1	1	**4**
	Lanai	0	0	0	**0**
	Total	**80**	**77**	**56**	**213**
Total Number of Children *(unduplicated by month)*	Oahu	47	50	36	**133**
	Maui	26	23	19	**68**
	Hawaii	2	1	1	**4**
	Lanai	0	0	0	**0**
	Total	**75**	**74**	**56**	**205**
Total Number of Children *(unduplicated by quarter)*	Oahu				76
	Maui				50
	Hawaii				2
	Lanai				0
	Total				**128**

Reasons for Gaps

There are several reasons for gaps consistent across islands:

Staff Shortages and/or Vacancies. The main reason for gaps (both full and partial) continues to be staff vacancies. This continues to be particularly relevant in the area of speech-language therapy on Oahu and physical therapy on Oahu and Maui. There continues to be staff turnover on both Oahu and Maui. Imua will continually recruit for additional staff, but due to its neighbor island location and salary differentials between Maui and the mainland, hiring is difficult. Hiring for state positions often takes several months.

Vacation/Sick Leave/Emergencies. Gaps also occur when staff is on vacation and/or sick leave or when there are family emergencies. There generally are not "substitute" providers to fill in and meet service requirements. As noted in the section above, programs usually respond by revising schedules so that all children receive at least some services identified, but this continues to result in partial service gaps.

Providing Services on Weekends or After Work Hours and at Homes of Families. Another reason for gaps is the inability to provide services on weekends or after work hours and at families' home, to meet family needs. While programs attempt to schedule services at times and places convenient to families, there are generally fewer service options during weekends and after hours. Also, with the increasing numbers of children

and vacant positions, program staff may not always be available to provide home-based services. Programs will generally try to serve the child during work hours and at their center while they work them into their "after hours" and/or "at home" schedule. This is not always possible and the result is a service gap.

Scheduling Errors/Lack of Documentation. On occasion, program staff will inadvertently not contact a family to schedule a service identified on the IFSP. As soon as this is identified, the family is contacted to schedule the missing appointment, but it may still result in a service gap. Similarly, staff sometimes inadvertently fail to document that a service did occur, resulting in difficulty confirming that the service occurred.

Actions to Reduce Gaps

1) With the increase of children referred to POS programs, not only from H-KISS, but also from other care coordinators (PHNB and Healthy Start), the POS programs are in the process of recruiting for additional staff. As noted above, recruiting is both a time-intensive and expensive process as it entails advertising in mainland papers and discipline-specific journals. Many POS programs have increased their salary ranges and have offered signing bonuses in order to attract and retain therapists.

2) EIS continues to work with EI program staff to review different service delivery models, including the use of transdisciplinary services, with consultation by other therapists, to meet the outcomes listed on the IFSP. While many children enrolled in early intervention programs receive transdisciplinary services, some therapists do not use this service option. There will be a focus of additional training in the transdisciplinary service delivery method to ensure that recommended IFSP services are appropriate.

All children served at early intervention programs (unlike children receiving services from fee-for-service providers), who had a partial service gap, received other services, generally through a transdisciplinary model of service delivery to support the overall needs of the child and family.

Personnel

Goal: 90% of EIS social work positions are filled.

EIS has a total of 48 social work (SW) positions statewide. Forty-four (44) positions provide care coordination services. The remaining 4 positions are administrative and are included in the data on administrative positions. At the end of March 2006, 37 of the 44 state social worker/care coordinator positions, or 84%, were filled. All positions on Oahu and Kauai were filled. Two of the EIS positions on Oahu are currently filled with 0.5 FTE emergency hire SW students. Vacancies were on the islands of Maui (4), and Hawaii (3) [Hilo (2) and North Hawaii (1)]. Two positions (Maui SW IV and Hilo SW III) have been successfully recruited and will be filled in April.

Recruitment continues to be more difficult on the islands of Hawaii and Maui, due to the private sector having increased flexibility regarding salary and benefits. Because of these difficulties and the impact of vacant positions on meeting state and federal timelines and other requirements, additional positions have been allocated to private

purchase-of-service programs to ensure that there is sufficient care coordination. Paperwork is in process to move some of the vacant SW positions on Maui and Hawaii to Oahu to support its need for more care coordination staff.

The following table provides information on the 44 DOH social worker/care coordinator positions, by island and statewide as of March 2006.

Table 6. Percentage of EIS Social Work/Care Coordinator Positions that are Filled, by Island, as of March 2006.

Island	EIS SW Positions Total #	EIS SW Positions Filled #	EIS SW Positions Filled %
Oahu	29	29	100%
Hawaii	7	4	57%
Maui	5	1	20%
Kauai	3	3	100%
Total	**44**	**37**	**84%**

The following table provides information on the approved POS social worker/care coordinator positions, by island and statewide as of March 2006.

Table 7. Percentage of POS Social Work/Care Coordinator Positions that are Filled, by Island, as of March 2006.

Island	POS SW Positions Total #	POS SW Positions Filled #	POS SW Positions Filled %
Oahu	12	9	75%
Hawaii	2	1	50%
Maui	5	5	100%
Kauai	1	0	0%
Molokai	1	1	100%
Lanai	1	1	100%
Total	**22**	**17**	**77%**

EIS works closely with the District Health Officers and the POS Program Managers to be aware of personnel changes and to problem-solve with them.

Goal: 90% of EIS direct service positions are filled.

EIS has 44 direct service positions statewide. These positions include early intervention therapists (speech-language pathologists, occupational therapists and physical therapists), psychologists, special education teachers, vision and hearing specialists, a nutritionist, and paraprofessionals. Not included are the Early Childhood Services Unit (ECSU) supervisor and ECSP Managers, as they spend the majority of their time providing administrative supervision and support to program staff. They are included in the count of administrative positions in Table 9. At the end of March 2006, 36 of the 44 direct service positions, or 82%, were filled. Table 8 below provides information on direct service positions statewide and by island.

Table 8. EIS Direct Service Positions by Island, as of March 2006.

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions
Oahu	37	32	86%	SLP-3; SPED-1; PMA II-1
Hawaii	7	4	57%	OT III-1; SLP IV-1; PMA II-1
Total	**44**	**36**	**82%**	–

Note: OT = occupational therapist; SLP = speech-language pathologist; PMA = paramedical assistant

As shown in Table 8, recruiting for SLPs continue to be difficult, with 4 of the 7 positions being SLPs. In addition to EIS direct service staff, EIS has over fifty contracts with fee-for-service providers who support the direct service staff. There are two types of fee-for-service providers. The first group consists of OT, PT, and SLP providers. These providers support the ECSP programs when there are staff vacancies and/or increases in referrals that cannot be met by the ECSP staff. They also help support the children served by the EIS Care Coordination Unit, by providing direct services to the children not served by early intervention programs. The need for these providers has decreased now that the three new POS early intervention programs are operational and other POS programs (e.g., Sultan Easter Seals) have increased the number of children they serve.

The other group of fee-for-service providers include audiologists, nutritionists, intensive behavioral support staff (who serve children with autism), and psychologists (who support EIS psychologists, etc.). The need for these individuals has not decreased as the number of children with autism has not decreased. Although EIS has psychologists and a nutritionist, they cannot meet the need for these services in the communities statewide. Contracted providers help ensure that children receive all services identified on their Individual Family Support Plans (IFSPs).

Goal: 90% of EIS and Healthy Start central administration positions are filled.

Early Intervention Section

EIS has 61 administrative positions statewide, including unit supervisors and specialists in the areas of contracts, internal service testing, public awareness and training, computer support staff, accounting staff, clerical and billing staff, and the Public Health Administrative Officer (PHAO). Also included in the count of administrative positions are the Social Worker V who supervises the Care Coordination Unit social workers, two Social Worker II positions who support H-KISS, Social Worker IV on the island of Hawaii who supervises seven social workers, ECSU supervisor and ECSP managers, five Children & Youth (C&Y) Specialist IV positions who support quality assurance activities statewide and the statewide coordinator for the Newborn Hearing Screening Program.

Of the 61 administrative positions, 53 (87%) are filled. All vacant positions are on Oahu, which includes: 4 staff to support third party billing; 2 clerk-typists to support the general administration of EIS; the C&Y IV for Public Awareness/HEICC; and the Early Hearing Detection Coordinator that supports the "Baby HEARS" grant. The state requirement to re-describe exempt positions to civil service positions has impacted timely recruitment, as EIS continues to wait for recruitment to open for specific positions so that interviews can be scheduled.

Table 9 provides information on the administrative positions statewide and by island:

Table 9. EIS Administrative Positions by Island, as of March 2006.

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	55	47	85%	Clerk-Typist-2; Billing Clerks-3; Third Party Billing Clerk-1; Child & Youth Specialist (HEICC)-1; Early Hearing Detection Coordinator-1
Hawaii	5	5	100%	–
Maui	1	1	100%	–
Total	**61**	**53**	**87%**	–

Healthy Start

Healthy Start has 9 administrative positions on Oahu: Program Head, Registered Nurse, Social Worker, Child and Youth Specialist, Research Statistician, Statistics Clerk, Accountant, Account Clerk, and Clerk Steno staff. Currently 7 of the 9 Healthy Start administrative positions are filled which is an increase over last quarter. The request to convert the Social Worker position from exempt status to civil service has been approved and is currently under recruitment. The Accountant position has been filled and the employee will start at the end of April. It is anticipated that Healthy Start administrative positions will be 100% filled during the next quarter.

Goal: 90% of EIS caseloads will be no more than 1:35 (non-weighted).

Table 10 provides information on the percentage of social workers, by island, that have a current caseload of no more than 1:35. This is expected to increase as the vacancies noted in Tables 6 and 7 are filled. Data are provided on the 54 filled positions. This includes the 3 SW IV supervisory positions on Oahu and the 1 SW IV supervisory position on Hawaii who are intended to provide training and supervision, but are providing care coordination due to vacant positions as well as positions on Oahu (Salvation Army), Molokai and Lanai that are funded at 0.5 FTE. The percentage of SW positions with no more than 1:35 caseload is rising, from 27% during July-September 2005, to 39% during October-December 2005, to 48% this quarter.

Table 10. Social Work Positions (DOH and POS) with Non-Weighted Caseloads Not More than 35, by Island, as of March 2006.

Island	# Social Workers Providing Care Coordination as of March 2006	Number with Caseloads No More than 35	Percent with Caseloads No More than 35
Oahu	38	18	47%
Hawaii	5	2	40%
Maui	6	3	50%
Kauai	3	1	33%
Molokai	1	1	100%
Lanai	1	1	100%
Total	**54**	**26**	**48%**

Table 11 provides information on the status of care coordination ratio if all positions were filled, including the new positions.

Table 11. Projected Average Caseloads When All the Social Work Positions (DOH and POS) are Filled and Providing Care Coordination

Island	# Social Worker Positions for Care Coordination	%FTE Social Worker Positions for Care Coordination	Total Caseload *	Average Caseload (Projected)
Oahu	35**	35.00	1362	39
Hawaii	9**	9.00	231	26
Maui	9**	9.00	220	24
Kauai	4	3.75	115	31
Molokai	1	.50	16	32
Lanai	1	.50	11	22
Total	**59**	**57.75**	**1955**	**34**

* Does not include children they provide liaison for which the social workers are liaisons with public health nurses and Healthy Start Family Support Workers when they serve children in common.

**Does not include SW IV supervisory positions (3-Oahu; 1-Hawaii; 1-Maui)

As can be seen by Table 11, Oahu is the only island where additional care coordinators are needed. Refer to the actions described below to support decreased caseloads. It is expected that when they have been accomplished, the reduction in caseloads to 1:35 will be accomplished. EIS will continue to actively monitor caseloads and make adjustments when necessary.

Actions to Support Care Coordination

1) Contract modifications are in place to support the POS programs to hire additional social work/care coordinators.
2) EIS has requested that 4 DOH SW positions, 2 from the islands of Hawaii and Maui, be transferred to Oahu to assist in lowering the caseload of the social workers. Based on the March caseload, 39 care coordinator positions are needed for Oahu, while 7 are needed for Maui and Hawaii. Therefore, the transfer of these 4 positions will meet Oahu's need without jeopardizing Maui or Hawaii.
3) As more children are referred to community-based early intervention programs, the EIS social work positions have been assigned to support ECSP and POS programs.
4) EIS is closely monitoring the boundaries of the state Early Childhood Services Programs (ECSP) to ensure they can meet the needs of their enrolled children. When caseloads exceed what is appropriate, the boundaries between the ECSP and neighboring POS programs are reviewed and revised, if allowable by the current POS contracts.
5) Other early intervention staff (program managers and direct service staff) continue to support care coordination when there are social worker/care coordinator vacancies. This is a short-term solution as it can result in more service gaps if the direct service providers reduce their direct service time to assist in providing care coordination.
6) Overtime has been approved for EIS care coordinators so they can meet the needs of their families served and complete necessary paperwork. It is expected that as the new positions are filled, overtime will no longer be needed.
7) Social workers/care coordinators have acted as liaisons with public health nurses and Healthy Start Family Support Workers when they serve children in common. EIS is working with the early intervention programs to support other staff acting in this liaison role, which will further decrease caseload numbers.

8) Public health nurses (PHNs) continue to provide care coordination primarily for infants and toddlers with medical conditions and concerns, but also to children referred from Child Welfare Services due to drug exposure. Regular meetings with PHNB are scheduled to review the care coordination needs of infants and toddlers with medical concerns.

Training Opportunities

Early Intervention Section

Training provided and/or supported by EIS for January-March 2006 impacted 963 early interventionists, public health nurses, Healthy Start providers, Early Head Start staff, fee-for-service providers, community preschool staff, other community providers, and family members. Approximately 50 family members are included in the above number. Following is a list of training topics and number of attendees during this quarter:

- **Training on Required Child and Family Outcome Measures**. The Office of Special Education (OSEP) has developed child and family indicators that all Part C programs must track. Because these are new indicators to Hawaii's Part C system, this is a priority and extensive training must be provided to all early intervention providers, including EIS, PHNB, and Healthy Start. The Early Intervention Section developed a set of forms to be used by all programs that serve IDEA Part C children. In order to ensure that the forms will be implemented correctly, trainings are being provided statewide, to all early intervention providers, both in person and via extensive conference calls. Data for January-March impacted 360 individuals, 178 through conference calls and 182 via different medium.

- **Supporting Children with Challenging Behaviors and Autism.** The Keiki Care Project Coordinator continued to provide trainings to support staff serving young children with challenging behaviors. A training on *"Including Children with Autism"* was presented to 18 staff of the Keiki Corner Child Development Center. Another workshop on *"Child Sexuality Development – What is Healthy and Natural"* was provided for 18 staff.

- **Training on Transition.** Two hundred nine individuals were impacted by a variety of trainings provided and/or supported by the Inclusion Specialist, which focused on transition training. This included: training on transition planning and early intervention services for 50 Oahu Head Start family advocates; providing training on how to use the new transition forms (12 staff); and training for University of Hawaii Special Education students (12). In addition, the Inclusion Specialist supported the STEPS team in training for DOE, EIS, PHN, and Healthy Start for Windward and Honolulu districts (65 attendees). A statewide workshop for all STEP team members impacted 70 individuals.

- **Supporting Infants, Toddlers with Hearing Loss and their Families.** The EIS Specialist for Children with Hearing Loss provided a variety of training and family support activities that impacted 143 parents and service providers. This included: 1) an *"Ohana Time"* Family Support Meeting for 10 families in

Windward Oahu; 2) two *"Time to Sign"* workshops for 3 families and 6 staff on Oahu and Molokai; 3) four workshops on available services for children who are deaf or hard or hearing - 71 staff; 4) a workshop on "*Optimizing Learning for Children with Cochlear Implants"* for 20 staff; and a workshop in conjunction with Gallaudet University Regional Center for 10 staff. Finally, the EIS Specialist for Children with Hearing Loss presented at a national conference on Hawaii's system for 25 attendees.

- **Assistive Technology.** EIS Assistive Tech staff presented at the Pac Rim Conference on how to build and use assistive technology devices for 50 individuals, including family members, staff and other interested individuals.

- **Supporting DHS's Understanding of H-KISS.** Follow-up training continues to be provided to DHS Supervisors and staff on the H-KISS system, to support direct referrals of young children with confirmed abuse and neglect into the early intervention system. Fifty (50) staff were trained.

- **Other Trainings.** A presentation on the historical background of early intervention and system changes was made to the 20 members of the Easter Seals Board of Directors and 20 members of the Hawaii Early Intervention Coordinating Council. There was also a statewide meeting of 60 EIS, PHNB, and Healthy Start staff that focused on gathering information from them regarding their early intervention processes. This information will be used to support the development of Part C Procedures and Guidelines. Finally, EIS supported 15 staff to attend the Pac Rim Conference.

- **Informal Trainings/Consultants.** In addition to the more formal training discussed above, staff often provide informal, in-person and telephone support to families and staff of early intervention programs and community preschools.

Healthy Start

The Healthy Start POSP began Intensive Role Specific training for all core Healthy Start program staff including Family Assessment Workers, Family Support Workers, Clinical Specialists, Child Development Specialists, and Clinical Supervisors.

January, 2006
1/24-1/25: Foundation Training (Child Abuse and Neglect, Introduction to Early Intervention, and Nurturing Fathers)
1/26-1/27: Early Childhood Basics
1/31: Culturally Relevant Programs for Families

February, 2006
2/1: Culturally Relevant Programs for Families
2/3: Creating an Effective IFSP
2/9: Advanced Childhood Development
2/15: Nurturing Principles and Practices
2/17: Family Violence
2/21: Maternal and Family Healthy
2/27 – 2/28: Family Support Worker Role Specific Training

March, 2006
3/1-3/2: Family Support Worker Role Specific Training
3/3: Family Support Worker Supervisor Role Specific Training
3/21: Substance Abuse Basics
3/24: Administering the ASQ
3/28: Clinical Supervision
3/31: Mental Health

Healthy Start administrative staff have also begun a close partnership with the Early Intervention training team for specific Early Intervention regulations, care coordination, IFSP process and IFSP forms.

Quality Assurance

Early Intervention Section
The EIS has two major quality assurance focuses. The first is that of the lead agency for Part C, which must assure to the Office of Special Education Programs (OSEP) that all programs that serve Part C eligible children (EIS, PHNB, Maternal and Child Health Branch [MCHB] Healthy Start) meet compliance with Part C. This is achieved through the development and implementation of statewide monitoring and data collection. EIS works closely with administrators of EIS, PHNB, and MCHB who have the responsibility to monitor and gather data from all their programs.

The second focus is to assure that all children under the age of 3 with developmental delays and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs and that all services are provided in conformance with federal IDEA Part C and state requirements.

During the January-March 2006 quarter, EIS completed its second required monitoring of all public and POS programs, as a follow-up to the September 2005 monitoring. The purpose of this monitoring was to determine if the corrective actions implemented resulted in any change. The monitoring results found increased compliance by all EIS programs. In addition to the program monitoring, monthly data was collected on compliance with timely comprehensive developmental evaluations, complete Present Levels of Development in the IFSPs, and timely transition plans, transition conferences and Transition Notices. The data resulted in improved compliance with timely comprehensive developmental evaluations, complete Present Levels of Development in the IFSPs, and timely transition plans. Data on timely transition conferences and Transition Notices did not support improved compliance. Data will continue to collected, reviewed, and analyzed monthly.

Child/Family Outcomes
Activities will continue to determine the effectiveness of EI in supporting outcomes of children and their families.

Internal Reviews (which utilize the Felix Service Testing protocol) provide the opportunity for an objective observation of a child's and family's progress and to what extent the system supports the child and family and will continue. The focus this year

continues to be on children who are either in the transition process to DOE Preschool Special Education or were recently transitioned. This additional information will be used to determine how to improve transition collaboration between Parts B and C.

Roles and Responsibilities of EIS Quality Assurance Specialists

The 5 Quality Assurance (QA) Specialists continue to expand their roles in the area of quality assurance through the following activities/strategies to support compliance:

- Monitor child charts.
- Review quarterly monitoring data with Program Managers to help determine how to increase compliance.
- Support programs in developing and implementing Improvement Plans to meet identified needs based on monitoring results.
- Facilitate statewide IFSP trainings.
- Participate in collaborative meetings for staff of different agencies that serve the same child (e.g., Imua Family Services, Healthy Start, and PHNB).
- Act as a resource regarding IDEA Part C requirements.
- Participate in the Internal Review process.
- Attend DOE Complex/District Quality Assurance meetings.
- Participate in STEPS teams.
- Attend Community Council meetings.
- Attend EIS Program Manager meetings to support their understanding of issues that impact all early intervention programs.

Healthy Start

Routine monthly monitoring for IDEA/OSEP regulations which include timely compliance with comprehensive developmental evaluations, documentation of the child's level of development, and appropriate and timely development of transition plans continues. On-site monitoring of each POSP (one site each) was also conducted in February, 2006. Findings were not significantly different from the previous on-site monitorings conducted in November and December 2005, as programs required more time to institute corrective action plans from the first monitoring.

On-site assistance was also conducted with one POSP provider for technical training on the program's data management system. This enabled the program to maintain timely and accurate data entries.

Funding

Early Intervention Section

A total of $8,680,021 was appropriated and $8,799,576 was allocated for FY 2005. A total of $8,900,021 was appropriated and $9,015,021 was allocated for FY 2006. The differences in both years was due to additional funds authorized by the Legislature for collective bargaining increases. The majority of the first quarter allocation supports POS and fee-for-service contracts.

Table 12. EIS Allocations and Expenditures/Encumbrances – State Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
Fiscal Year 2005			
1st quarter – July-Sept. 2004	5,260,161	5,260,161	5,315,096
2nd quarter – Oct.-Dec. 2004	1,345,500	6,605,661	6,818,039
3rd quarter – Jan.-Mar. 2005	1,105,500	7,711,161	8,008,813
4th quarter – Apr.-June 2005	1,088,415	8,799,576	9,377,245
Fiscal Year 2006			
1st quarter – July-Sept. 2005	5,298,381	5,298,381	5,404,284
2nd quarter – Oct.-Dec. 2005	1,341,815	6,640,196	6,809,242 [2]
3rd quarter – Jan.-Mar. 2006	2,185,000	8,825,196	8,965,989 [3]
4th quarter – Apr.-June 2006	189,825	9,015,021	

[1] Source: Financial Accounting and Management Information System (FAMIS) report.
[2] Information as of 12/31/05.
[3] Information as of 4/3/06

EIS also receives federal Part C funds (Table 13) for early intervention services. These funds decreased from $2,194,384 for FY 2005 to $2,160,317 in FY 2006.

Table 13. EIS Allocations and Expenditures/Encumbrances – Federal Part C Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
Fiscal Year 2005			
1st quarter – July-Sept. 2004	995,671	995,671	663,772
2nd quarter – Oct.-Dec. 2004	416,515	1,412,186	686,145
3rd quarter – Jan.-Mar. 2005	426,000	1,838,186	1,054,774
4th quarter – Apr.-June 2005	428,227	2,266,413	1,358,875
Fiscal Year 2006			
1st quarter – July-Sept. 2005	1,113,693	1,113,693	750,228
2nd quarter – Oct.-Dec. 2005	448,500	1,562,193	980,581 [2]
3rd quarter – Jan.-Mar. 2006	445,000	2,007,193	1,301,122 [3]
4th quarter – Apr.-June 2006	450,898	2,458,091	

[1] Source: FAMIS Report
[2] Information as of 12/30/05
[3] Information as of 4/3/06

Healthy Start

In FY 2006, a total of $13,877,435 in State funds and EIS Special funds were appropriated and allocated. There are $11,877,435 in state funds, $2,000,000 EIS Special Funds, and a reduction of Tobacco funds from $5,247,667 to $0.

Table 14. Healthy Start Allocations and Expenditures/Encumbrances (Source: FAMIS report)

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter
Fiscal year 2005 [1]			
1st quarter – Jul.-Sept. 2004	16,363,548	16,363,548	16,825,456
2nd quarter – Oct.-Dec. 2004	87,185	16,450,733	15,682,408
3rd quarter – Jan.-Mar. 2005	(512,815) [2]	15,937,918	15,860,660
4th quarter – Apr.-June 2005	87,184	16,025,102	15,841,582
Fiscal year 2006			
1st quarter – Jul.-Sept. 2005	11,615,881	11,615,881	5,091,227
2nd quarter – Oct.-Dec. 2005 [3]	2,087,185	13,703,066	7,671,153
3rd quarter – Jan.-Mar. 2006 [4 & 5]	87,185	13,790,251	7,697,060
4th quarter – Apr.-June 2006	87,184	13,877,435	

[1] State funds $11,877,435 + Tobacco funds $4,747,667.
[2] 3rd Quarter allocation of $87,185 less $600,000 transferred out to EIS in March 2005.
[3] General Fund $5,671,152.61, EIS Special Fund $2,000,001.
[4] Financial report information as of 1/31/06 only.
[5] General Fund $5,697,059.86, EIS Special Fund $2,000,001.

Summary

Strengths in the early intervention system from January-March 2006 include:

- ⇨ EIS continues to provide extensive training to support the increased understanding and federal and state early intervention requirements.
- ⇨ EIS, PHNB, and MCHB utilize the same monitoring processes and reporting requirements to report compliance to OSEP.
- ⇨ EIS focused monitoring results show increased compliance to the early intervention system requirements.
- ⇨ EIS, PHNB, and MCHB continue to collaborate extensively to ensure that programs are aware of changes that must be implemented to support Part C compliance.
- ⇨ All Part C programs are working diligently to correct the areas of non-compliance identified by OSEP.
- ⇨ The care coordination ratio is gradually decreasing toward the goal of 1:35, with the addition of new social worker/care coordinator positions.
- ⇨ Medicaid reimbursements for EI services were received and have been used to support the EIS deficit.
- ⇨ Dedicated direct service staff at EIS and public and private early intervention programs is working diligently to meet the needs of the expanding number of children identified with developmental delays statewide and their families.
- ⇨ Ongoing meetings between EIS, Healthy Start, and PHN staff support collaboration and continuity for Hawaii's Part C eligible children.

- ⇨ Ongoing collaboration with DOE support the transition of children from DOH Part C programs to DOE preschool programs.
- ⇨ The EIS and Healthy Start emergency budget requests were presented to the legislature and have received its support.
- ⇨ The Hawaii Early Intervention Coordinating Council has been actively supporting EIS and Healthy Start legislation.

Challenges to the early intervention system from January-March 2006 include:

- ⇨ Hawaii Part C has not met the required IDEA Part C compliance, and Special Conditions were attached to the Federal FY 2005 Grant Award.
- ⇨ There is not one unified Part C data system to track Part C children or to gather monthly data. Each Agency must adapt or develop its own system to collect the required data. The multiple systems impact the ease of analyzing data to determine the strengths and needs of the EI system.
- ⇨ Employment and retention of experienced early intervention staff continue to impact the ability to meet OSEP requirements.
- ⇨ Costs continue to exceed the budgeted amount for EIS and Healthy Start.